

D. P. Bhuta, M.D., F.A.C.S.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

345 ST LUKES DRIVE
MONTGOMERY, AL 36113
November 18, 2002

PHONE (334) 279-5737
FAX (334) 279-1048

Dr. McLain
Kilby Correctional Facility
12201 Wares Ferry Road
Montgomery, AL 36116

RE: Robert McCray
Chart 376
Age 69, sex M
11/4/02

Mr. McCray came to see us for further follow-up. He had a biopsy done and his pathology report was adenocarcinoma of the prostate gland with Gleason score of 6 (3+3). Biopsy was positive from the left lobe. He has no other urological complaints. He is having difficulty voiding and claims that Flomax did help.

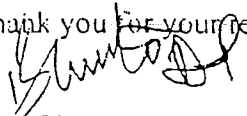
We have talked with him in detail about treatment. He elected not to have surgery done. We talked to him about radiation therapy treatment and Lupron injections. He agreed to have this treatment done. We told him that radiation therapy might not cure the prostate cancer. He understood.

He will need a bone scan. Once the bone scan is complete, he should have hormone treatment with Lupron injections. He will also have radiation therapy treatment.

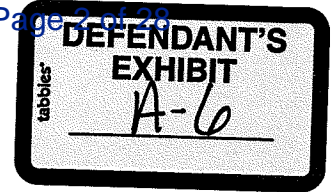
Will send a letter to Kilby Correctional Facility. They will do the bone scan and if it is negative they will proceed with radiation therapy treatment and Lupron injections. He also needs to continue taking Flomax- we gave him the samples.

Copy to Dr. McLain

Thank you for your referral,


D P Bhuta

DPB:ame

**Cancer Care Center of Montgomery**

Medical Oncologist/Hematologist
Phatama Padavanija, M.D.

Medical Oncologist/Hematologist
David G. Morrison, M.D.

Radiation Oncologist
Thomas E. Beatrous, M.D.

PATIENT NAME: Robert McCray
DATE: 01/14/03
CHART #: 15067

RADIATION THERAPY CONSULTATION

DIAGNOSIS: Adenocarcinoma of prostate with PSA 9.3 ng/ml.

HISTORY: I was asked to see patient regarding radiation therapy evaluation. Patient is a 70-year-old black male found on routine screening to have elevated PSA 9.3. Prostate biopsy showed Gleason score 6 adenocarcinoma from left lobe biopsies. Bone scan showed arthritic uptake at right knee, shoulders, elbows, feet, and sternomanubrial joint as well as uptake at L-5 vertebral body thought to represent arthritic change. Patient has undergone consultation regarding possible surgery. He has decided, however, to forego surgery and to take definitive treatment with radiation therapy plus Lupron injections. I have been asked to see patient regarding radiation therapy evaluation.

PAST MEDICAL HISTORY: Positive for history of hypertension. Negative for heart disease, diabetes, or collagen vascular disease. Previous surgeries: Repair of leg fractures in 1951 and on two separate occasions thereafter.

CURRENT MEDICATIONS: HCTZ 25 mg q. day, Lopid 600 mg b.i.d., Maalox 30 cc t.i.d. p.r.n., Hytrin q.h.s., Tenormin 50 mg q. day, aspirin 325 mg q. day.

ALLERGIES: Catapres.

SOCIAL HISTORY: Patient is divorced. He has worked as a teacher. He is presently an inmate at Kilby Correctional Facility. He denies chronic tobacco or alcohol use.

FAMILY HISTORY: Negative for cancer.

REVIEW OF SYSTEMS: Patient admits to frequent urination with nocturia times three. He denies painful urination, hematuria, diarrhea, or blood per rectum.

PHYSICAL EXAMINATION: Shows weight 160 pounds. Vital signs: See intake H&P data sheet. GENERAL: Alert, oriented, black male in no distress.

HEENT: Extraocular muscles are intact. Oral cavity and oropharynx free of tongue and mucosal lesions.

NECK: Shows no venous distention, thyromegaly, or cervical/supraclavicular adenopathy.

RIB CAGE/SPINE: Nontender.

LUNGS: Clear with no signs of atelectasis, consolidation, or effusion.

HEART: Regular rate and rhythm. No diastolic murmurs.

Continued....

A handwritten signature, possibly "P.D.", enclosed in a circle.

PATIENT NAME: Robert McCray
DATE: 01/14/03

Continued...Page 2

ABDOMEN: Soft with normal liver span. No masses. There is no inguinal adenopathy.

GENITALIA: Penis and testes appear normal.

RECTAL: Shows 35 gram prostate, left lobe greater than right lobe with increased thickening of left lobe. No rectal masses. No blood on examining gloved finger.

EXTREMITIES: Free of edema.

IMPRESSION: Patient is a 70-year-old black male with newly diagnosed adenocarcinoma of prostate with elevated PSA 9.3 ng/ml.

RECOMMENDATIONS/PLAN: I have recommended definitive management with radiation therapy plus hormonal deprivation with Lupron injections for a cumulative of one year. I have discussed rationale, risks, benefits, techniques, and results of radiation therapy. Patient states that he would like to think about these recommendations before he makes final treatment decision. We will have patient return next week to discuss his decision and to proceed on to CT directed simulation if he decides in favor of radiation therapy.

I appreciate this consultation and I will keep you apprised of patient's status as he progresses through treatment.

Best personal regards,



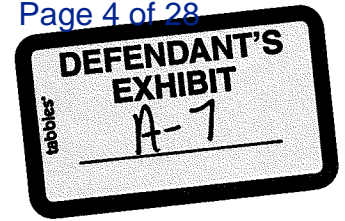
Thomas E. Beatrous, M.D.
Radiation Oncologist
Cancer Care Center of Montgomery

TEB/wm

D: 01/19/03

T: 01/20/03

CC: Dr. Mike Robbins
Dr. D. P. Bhuta



D. P. Bhuta, M.D., F.A.C.S.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

345 ST. LUKES DRIVE
MONTGOMERY, AL 36117

PHONE: (334) 279-5737
FAX: (334) 279-1048

February 17, 2003

Dr. Mike Robbins

RE: Robert McCray
Chart 376
SS# [REDACTED]

Dear Dr. Robbins,

Mr. McCray is a 69 year-old gentleman with PSA of 9.3.

His entire metastatic workup was completely normal. His pathology report was adenocarcinoma of the prostate gland from the left lobe. He elected to have radiation therapy treatment but when he saw Dr. Beatrous, he decided that he might want to have surgery done.

He came back to us for further discussion. He was under the impression that I can take only the left part of the prostate out since only the left lobe of the prostate showed cancer. I have talked to him in detail and told him that it is impossible to take just one side of the prostate. I told him that if he undergoes surgery I would have to take the entire prostate out. Complications include impotency and urinary complications.

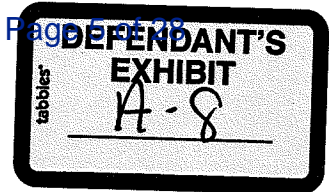
He elected to have radiation therapy treatment. Again, he should be started on Lupron injections of 7.5mg IM every month for a period of 3-4 months and then he can be referred to Dr. Beatrous for radiation therapy treatment. After this is completed he should continue hormone treatment. He should have PSA done once a year after completing both treatment regimens.

Again, I would like to stress that he elected to have radiation therapy treatment and that he should be started on Lupron as soon as possible.

Thank you
A handwritten signature in black ink, appearing to read "D.P. Bhuta".
D.P. Bhuta

DPB/amc

A handwritten mark in a circle, possibly a stylized "B" or "P".



Release of Responsibility

Robert McCray
Name of Inmate

3-4-03 / 10¹⁵ A
Date & Time

167644 / 225214
Inmate ID Number / Date of Birth

Date & Time

I hereby refuse to accept the following treatment/recommendations:

for prostate Ca treatment
Chemo / Radiation / Lupron
Requesting radioactive seeding option.
Not approved per corporate medical
director.

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

Robert L McCray
Inmate Signature

3/4/03
Date & Time

S. Benton Dean / A. Lawrence RN NSA
Witness

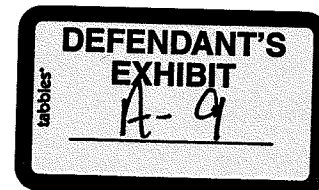
The aforementioned inmate has refused the listed medical treatment(s) and/or recommendation(s) and has refused to sign this form.

Witness

Witness

Date & Time

UAB RADIATION ONCOLOGY DEPARTMENT INITIAL CONSULT



MCCRAY, ROBERT	MR# 000001921995	06/13/2003
Patient Name	Record No.	Visit Date

OTHER PHYSICIANS:

Dr. D. P. Bhuta, Urology, Montgomery, Alabama
 Dr. Thomas Beatrous, Radiation Oncology, Montgomery, Alabama
 Dr. James DeLong, Bibb Prison

PRIMARY SITE:

Adenocarcinoma of the prostate with Gleason score 3+3=6 on the left side of the gland and pretreatment PSA of 12.3 intermediate risk.

PREVIOUS TREATMENT:

None.

HISTORY OF PRESENT ILLNESS:

Mr. McCray is a 70-year-old African American gentleman who is currently incarcerated at the Bibb Prison in Brent, Alabama. He has a history of frequent urination, which he has had for approximately the past two years. This prompted a PSA determination, which was elevated at 9.3 and he underwent prostate biopsy in 10/02, which revealed adenocarcinoma with a Gleason score of 6. Apparently he had elevations in his PSA before as his records indicate that he had a PSA of 12.3 in 02/02. The patient was referred for treatment and was consulted with both Urology and Radiation Oncology. The patient, however, expressed interest in radiation seed implant and he was thus referred to Radiation Oncology at UAB for further management of his disease. He has significant urinary problems, which he has had for some time, which were only mildly helped by Hytrin. His AUA symptom score is 34 with the patient reporting almost always for all of the symptoms and reporting that he has nocturia four times a night. The sexual health inventory score is a 5. The patient notes that he has to use the bathroom every 45 minutes, but that he also drinks a lot of water. He reports significant straining during urination and the feeling of not being able to completely empty his bladder. He denies hematuria, bone pain and rectal bleeding.

PAST MEDICAL HISTORY:

Hypertension.

PAST SURGICAL HISTORY:

Knee surgery in 1966.

MEDICINES:

Tylenol, aspirin, Lobed and Hytrin.

ALLERGIES:

Catapres

FAMILY HISTORY:

Negative for cancer.

SOCIAL HISTORY:

The patient is from Pennsylvania and he was previously employed as a teacher. He is currently incarcerated for assault in Bibb Prison and he is apparently due for parole this year although he cannot estimate when he will be released.

UAB RADIATION ONCOLOGY DEPARTMENT
INITIAL CONSULT

MCCRAY, ROBERT	MR# 000001921995	06/13/2003
Patient Name	Record No.	Visit Date

REVIEW OF SYSTEMS:

As above and documented on patient information sheet and is positive for occasional chest pain, hemorrhoids, constipation, urinary bleeding, joint pain, arthritis, muscle pain, increased urination, tingling and memory loss.

PHYSICAL EXAMINATION:

WT: 169. TEMP: 97.5. BP: 140/80. PULSE: 75. GENERAL: He is a thin, elderly African American male in no apparent distress. GENITOURINARY: He has an approximate 50 gram prostate with no palpable nodules. There is no blood on the examining glove.

IMPRESSION AND PLAN:

70-year-old African American male with stage T1cNXMX adenocarcinoma of the prostate intermediate risk with PSA of 12.3 and Gleason score of 6. The patient was referred by Dr. Beatrous because the patient was considering prostate brachytherapy. Because of the patient's severe urologic dysfunction we do not feel that he is a good candidate for prostate brachytherapy. We offered him several options including external beam radiotherapy plus or minus hormones or watchful waiting. He may also want to consider radical prostatectomy. Because of his large gland and obstructive symptoms he would benefit from trying to reduce the size of the prostate with hormonal therapy. This may improve his symptoms although it is unlikely that he will improve so much that he will then be a good candidate for brachytherapy. We will refer him back to Dr. Beatrous in Montgomery for initiation of hormonal therapy and for further discussion of curative radiotherapy. Also as his latest PSA is apparently from October of last year, we recommend repeating his PSA if this has not been done already.

Brian Cook, M.D.

As the attending physician, I personally participated in the history, examination, and treatment for this patient and I agree with this report.

JBF/jcs/3454
D: 2003-06-13
T: 6/16/03 6:11 AM

John B. Fiveash, M.D.

DOB: 03/10/1933

cc: Tumor Registry
Dr. D. P. Bhuta, Urology, Montgomery, Alabama
Dr. Thomas Beatrous, Radiation Oncology, Montgomery, Alabama
Dr. James DeLong, Bibb Prison
preliminary stamp

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible

AFTER RMD approval, fax to XXX XXX-XXXX. You must Type or Print.

DEMOGRAPHICS

Site Name & Number:

Staton 843

Inmate #

167644 Staton

Site Phone #

(334) 567-1548

Site Fax #

(334) 567-1538

Patient Name: (Last, First)

McCray Robert

Alias: (Last, First)

Date: (mm/dd/yy)

8/12/04

Date of Birth: (mm/dd/yy)

[REDACTED]

PHS Custody Date

11/03

Potential Release Date

12/01/03

Responsible party:

☒ This☐ Auto Ins.☐ Health Ins. (Excludes Medicare and Medicaid Replacement)☐ Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider:

☐ Physician☒ NP, PA☐ Dental

[Signature]

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☐ Office Visit (OV)☒ X-ray (XR)☐ Dialysis (DA)☐ Outpatient Surgery (OS)☐ Scheduled Admission (SA)☐ Routine☒ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ (Radiation, Chemotherapy)

Number of Visits/Treatments

Type of Consultation, Treatment, Procedure or Surgery:

Dr. T Bone Scan for 7/14
Advanced Medical Bone
8/31/04 845AM

You must include copies of pertinent lab, X-rays, and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of Illness/Injury/Symptoms with Date of Onset:

Prostate CA Gleason Score 6
Cancerous Center 11/14/03 → notes: incomplete
injection Rec → Radiation & Lupron
2/1/03 - Pt wants prostate Implant → Dr. Fivash

Results of a complaint directed physical examination with objective findings:

Had Bone Scan 11/22/02
Still Desires Lupron
Saw Dr. Bhuta 4/30/04 for FU

Previous treatment and response: (including medications)

Lupron 7.5 2/03 & 3/03 no other tx
documented

FAXED

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.

Date:

Regional Medical Director Signature,
printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

DEFENDANT'S
EXHIBIT
A-11

ADVANCED MEDICAL IMAGING CENTER

NUCLEAR MEDICINE

PATIENT: Robert McCray

DATE: 8-31-04

YOU HAVE BEEN INJECTED WITH A RADIOACTIVE MATERIAL FOR A BONE SCAN. THE DOSE NEEDS TO CIRCULATE SEVERAL HOURS BEFORE IMAGES ARE MADE.

YOU MUST RETURN AT 12:00 FOR YOUR SCAN.

YOU MAY EAT IF YOU WISH. YOU MUST DRINK AT LEAST 18-24 OUNCES OF FLUIDS BEFORE YOU RETURN. EMPTY YOUR BLADDER AS OFTEN AS NECESSARY.

THANK YOU.

Bone scan completed 8/31/04
Report to follow.

[Signature] Haase, CNMT

ADVANCE MEDICAL

334-2612641

09/01 '04 06:02 NO.880 01/01

**Advanced Medical
Imaging Center**

Advanced Medical Imaging Center
525 S Lawrence Street
Montgomery, AL 36104
334-262-7226
Toll Free: 800/844-7226
Fax: 334-261-2641

**DEFENDANT'S
EXHIBIT****A-12**

Winfred Williams, MD 08/31/2004
P O Box 56 Hwy 143 Staton Correctional Facility
Elmore, AL 36025

Re: McCray, Robert
DOB: [REDACTED]
Account#: 888440
Chart#: 70708
Exam: NM BONE SCAN 08-31-04

NM BONE SCAN:**CLINICAL HISTORY:** Prostate cancer. Back pain

TECHNIQUE: The patient was administered 26.8 millicuries of Tc99m MDP for a whole body bone scan.

FINDINGS: The prior bone scan of December 2002 is not available for comparison. There is an area of abnormal increased uptake of radiotracer in the proximal aspect of the sternum. There is mild increased uptake in both sternoclavicular joint regions that is felt to be degenerative in nature. There are two areas of focal increased uptake in the right posterior lower rib regions that appear to be in rib #10 and #11. Also, there is increased uptake that project over the facet regions of the L5 vertebral body that may relate to degenerative change. Recommend correlation with lumbar spine radiographs for this finding. There is increased uptake in the medial compartment of the right knee consistent with degenerative joint disease.

IMPRESSION:

1. Several areas of abnormal uptake, some of which are suspicious for a metastatic process, particularly in the right ribs and sternum.
2. Uptake in the lower lumbar spine that may be degenerative in nature but radiographs are recommended for correlation.

JEFF ADAMS, MD

JA/gh

HCX

HEALTH CARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION Station

tabbies

EXHIBIT

A-13

Name: A. Cray, RobertState ID No: 1167644DOB: 3/10/33Race: B Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting physician/P.A./NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
<u>William</u>	<u>9/1/04</u>		<input checked="" type="checkbox"/>		

HISTORY/DIAGNOSIS:

R/O Mets to spineABN Bone Scan on 8/31/04

X-RAY REQUEST

ACROBOLAR	THORACIC	THORACIC	POSTERIOR STUDIES
ACROBOLAR JOINTS (W/O WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	ORBIT (STAPLER)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	MANUBRIUM	RAZOR/BLADE	TRACHEA
COCCYX	NECK	ROSE	TOES
CONE DOWN BELL TUBOSA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WREST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FOUR	MAXIL BONES	SKULL	

REPORT

McCray

LUMBAR SPINE: Vertebral body heights are maintained. There is no definite evidence of metastatic disease. There is evidence of degenerative joint disease at the lumbosacral level.

& T: 09-14-04 Thomas J. Payne, III, M.D./rr Board Certified Radiologist (Signature on file)

9/14/04

J Kerbetz
X-RAY TECHNOLOGIST'S NAME (PRINT)

J Kerbetz
X-RAY TECHNOLOGIST'S SIGNATURE

9-13-04 A
DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

PROGRESS NOTE
MONTGOMERY CANCER CENTER

4145 Carmichael Rd. ~ Montgomery, AL 36106 ~ 334-273-7000
 Stephen A. White, M.D.

PATIENT NAME: Robert McCray

ACCOUNT#: 72229

DATE: Dec 02, 2004

DX: Prostate Carcinoma.

HPI: Robert McCray presents today for continued follow up of his prostate carcinoma. This is his first visit with me in six weeks. I was supposed to see him four weeks ago. It does not appear that his condition has changed much over the past six weeks. He continues to note some intermittent low back pain. He was evaluated for this with plain films of the lumbar spine on November 16th, 2004. This study revealed degenerative joint disease at the L5-S1 level but no sclerotic lesions. The patient also had bilateral rib films obtained on November 16th, 2004. These studies revealed no destructive lesions or sclerotic lesions.

The patient reports to me problems with a chronic cough. He was evaluated for this a few days ago at his prison with a chest x-ray. He does not know the results of this study yet.

PAST MEDICAL HISTORY:

1. Prostate carcinoma. The patient was initially diagnosed with prostate carcinoma in October 2002 by prostate biopsy. He had Gleason grade 6 disease. He was evaluated at this time with a bone scan which revealed arthritic uptake in the right knee, shoulders, elbows, feet, and sternomanubrial joint with uptake of uncertain significance at the L3 vertebral body. PSA level at this time was 9.3. The patient was offered prostatectomy, which he declined. He was then referred to Dr. Tom Beatrous, who recommended external beam radiation therapy with subsequent hormonal deprivation therapy with Lupron. The patient declined this, preferring instead to undergo prostate seed implantation. He has not yet undergone prostate seed implantation.
2. Hypertension.
3. History of bilateral lower extremity fractures sustained during military service.

FAMILY HISTORY: Unchanged.**SOCIAL HISTORY:** Unchanged.**ALLERGIES:**

Catapres

MEDICATIONS:

Atenolol 1 (50 mg) Tablet Oral q.d.
 Colace 1 (100 mg) Capsule Oral b.i.d.
 Fiber Laxative 1 (625 mg) Tablet Oral t.i.d.
 Mevacor 1 (10 mg) Tablet Oral q.d.
 Minipress 1 (1 mg) Capsule Oral q.d.
 Vasotec 1 (10 mg) Tablet Oral q.d.
 Aspirin 1 (325 mg) Tablet Oral q.d.

REVIEW OF SYSTEMS: 14 systems were reviewed and are non-contributory except as noted above.

PHYSICAL EXAMINATION:

CONSTITUTIONAL: The patient's vital signs are as noted. The patient appears to be well-nourished.

HEENT: Sclerae are anicteric. No oral thrush. Neck is supple.

LYMPHATIC: The patient has no palpable cervical, supraclavicular, or axillary lymph nodes.

RESPIRATORY: The patient has no evidence of increased respiratory effort with no intercostal retractions or use of accessory muscle. There is no dullness to percussion of the chest. Lungs are clear bilaterally.

CARDIAC: Auscultation reveals regular rate and rhythm with no abnormal heart sounds or murmurs.

GASTROINTESTINAL/ABDOMEN: There are no unusual intraabdominal masses and no foci of abdominal tenderness.

Liver and spleen are nonpalpable.

EXTREMITIES: Non-edematous.

NEURO/PSYCHIATRIC: The patient is oriented to person, place and time.

(continued)

Handwritten signature and date:
 12/2/05

PATIENT NAME: Robert McCray

ACCOUNT#: 72229

DEC 02, 2004

VITALS: Performed on Dec 02, 2004 10:18: BSA - 1.86 sq.m, Height - 67.0 in, Weight - 161.0 lbs (LOW), Temperature - 97.4 F (LOW), Pulse - 53.0 / min (LOW), Respiration - 18.0 / min, and BP - 160/77 mm(hg) (HIGH).

LABS: Test performed on Dec 02, 2004 09:26

BUN	9.0 mg/dl	Creatinine	1.5 mg/dl(HIGH)
Glucose	91.0 mg/dl	Sodium	145.0 meq/L
Potassium	3.9 meq/L	Chloride	111.0 meq/L
CO2	29.0 meq/L	Calcium	9.3 mg/dl
Alkaline Phosphatase	72.0 IU / L	AST (SGOT)	21.0 IU / L
Bilirubin, Total	0.5 mg/dl	Albumin	3.4 g/dl
Total Protein	6.0 g/dl	ALT (SGPT)	15.0 IU / L
WBC	4.63 10 ⁹ /L	Neutrophils (Gran)	2.4215 10 ⁹ /L
Lymph	1.2408 10 ⁹ /L	Monocytes	0.5558 10 ⁹ /L
Eosinophils	0.3658 10 ⁹ /L(HIGH)	Basophils	0.0463 10 ⁹ /L
RBC	4.63 10 ¹² /L	HGB	13.7 g/dl
HCT	42.0 %	MCV	90.7 fL
MCH	29.7 pg	MCHC	32.7 g/dl
Platelets	102.0 10 ⁹ /L(LOW)	MPV	9.5 fL
PSA	6.9 ng/ml		

DATA: His laboratory studies are as noted.

IMPRESSION:

1. Prostate carcinoma. The patient's PSA level is actually lower today than it was at the time of his original diagnosis two years ago. His alkaline phosphatase level is normal. His creatinine is normal. He had a bone scan in August of this year which revealed several areas of abnormal uptake, some of which were felt to be suspicious for a metastatic process, including the right ribs and sternum and lower lumbar spine. However, plain films of these regions obtained last month failed to reveal sclerotic lesions coinciding with his bone scan abnormalities. My overall suspicion is that he does not have metastatic disease at this point.

PLAN:

1. I would recommend that he be reevaluated with a bone scan.
2. If his bone scan reveals no new lesions compared to August 31st of this year, I would recommend that he be referred to Birmingham as soon as possible for consideration of radioactive seed implantation, given the fact that he has declined prostatectomy or external beam radiation therapy.
3. I again discussed treating him with Lupron until he can be seen in Birmingham for prostate seed implantation, but he is refusing this because of his reading on the side-effects of Lupron.
4. I am going to order his bone scan and will see him again in one week to review the results of this.

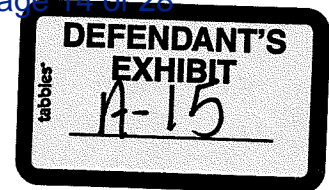
Stephen A. White, M.D.
SAW/dp

Involved Physicians:
Dr. Winfred Williams

11
2205



4147 Carmichael Road Montgomery, AL 36106-2801 334-387-1100

PATIENT NAME
MCCRAY, ROBERTACCOUNT NO
54534AGE/SEX
71/MMPI NUMBER
51053REFERRING PHYSICIAN:
STEPHEN WHITE MD
4145 CARMICHAEL ROAD
MONTGOMERY AL 36106-DATE OF BIRTH
[REDACTED]DATE OF SERVICE
01/17/05

COPY TO:

01/17/05: NM BONE SCAN-WHOLE BODY

EXAM INDICATIONS:

CLINICAL HISTORY: Prostate carcinoma.

COMPARISON: There is a report from a prior bone scan at AMI done on 08/31/04. Those films are not available.

TECHNIQUE: The patient was injected with 30.75mCi of Technetium 99 m-MDP. Whole body images were obtained.

FINDINGS:

On this exam there is good uptake of the radionuclide throughout the bony skeleton. There is increased uptake in the sternoclavicular joints, worse on the left. This is described on the previous study and is more consistent with degenerative process. There is also increased uptake in the sternum proximally which is more suspicious. This is described on the previous report also. Uptake seen previously in the right 10th and 11th ribs posteriorly (according to the prior report) is again noted. These are not quite in alignment although they could still be post traumatic. This is thought more likely than metastatic disease although certainly that cannot be excluded. There is intense uptake in the L5 region. Again this may be degenerative. Increased uptake is also noted in the right knee medially which is more degenerative in appearance. This is also described on the prior report. No other focal areas of increased uptake are seen. There is excretion of radionuclide by both kidneys.

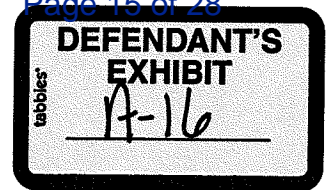
IMPRESSION:

1. FROM THE PRIOR BONE SCAN REPORT THERE DOES NOT APPEAR TO BE A SIGNIFICANT CHANGE IN THE APPEARANCE OF THE BONE SCAN SINCE THAT STUDY OF 08/31/04.
2. AREAS OF INCREASED UPTAKE IN THE SC JOINTS, L5 REGION, AND RIGHT KNEE WHICH ARE CONSISTENT WITH DEGENERATIVE CHANGE. OTHER ETIOLOGIES ARE POSSIBLE PARTICULARLY IN THE L5 REGION.
3. UPTAKE IN THE RIGHT 10TH AND 11TH RIBS WHICH COULD BE POST TRAUMATIC.
4. UPTAKE IN THE PROXIMAL STERNUM WHICH IS THE MOST SUSPICIOUS AREA SEEN.

JAW

H 2-2-05

UAB THE UNIVERSITY OF
ALABAMA AT BIRMINGHAM



March 18, 2005

Winfred Williams, M.D.
State Correctional Facility
P.O. Box 56
Elmore, Alabama 36025

RE: Robert McCray

Dear Dr. Williams:

I have reviewed the pathology report on Robert McCray date October 18, 2002 documenting a single focus of adenocarcinoma of the prostate with a Gleason Score of $3+3 = 6/10$. Our standard of care at UAB is to have a current biopsy for treating prostate cancer. I would therefore recommend making arrangements for this patient to have a repeat prostate biopsy with the local urologist prior to his referral to UAB. Please let me know when this is completed and we will help facilitate his care for treatment with Iodine 125 radiation implant if this remains an appropriate treatment for his stage and grade of tumor.

Please contact me should you have any questions about the information in this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald A. Urban".

Donald A. Urban, M.D.
Associate Professor

Enclosure

DAU/jdw

3/29/05
(u)

FAXED
5/3/05

To Dr. Sharkey
(ES)

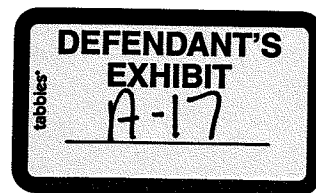
Department of Surgery
Division of Urology
1105 Faculty Office Tower
510 20th Street South
205 975 0088
Fax 205.934.4933

www.urology.uab.edu
Mailing Address:
FOT 1105
1530 3RD AVE S
BIRMINGHAM AL 35294-3411

DIPLOMATES AMERICAN BOARD OF UROLOGY
P.M. Shashy, M.D., F.A.C.S.
P.S. Shashy, M.D., F.A.C.S.
Margaret Vereb, M.D.

DRS. SHASHY, SHASHY & VEREB

ADULT AND PEDIATRIC UROLOGY • UROLOGIC ONCOLOGY • IMPOTENCY • MALE INFERTILITY
1722 PINE STREET • MONTGOMERY, ALABAMA 36106-1179
TELEPHONE (334) 262-4418 FAX (334) 264-5483



May 17, 2005

Winfred D. Williams
Facility Medical Director
Staton Correctional Center
Staton 843
P.O. Box 56
Elmore, AL 36025

RE: ROBERT McCRAY, Inmate #167644, [REDACTED]

Dear Ms. Williams:

I regret to inform you that Mr. McCray refused any biopsy or any further intervention and it is his desire to proceed immediately to UAB Department of Urology. I agree with him in some respect that if there is documented evidence of prostate carcinoma on the previous biopsy done two years ago, that is enough reason for proceeding with whatever treatment is recommended and accepted by the patient. Accordingly, he has insisted on brachytherapy.

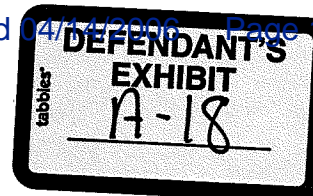
I would urge that you immediately refer to the patient to UAB Department of Urology and let them discuss their requirements before this procedure.

Sincerely,

A handwritten signature in cursive script that reads "Paul Shashy".

Paul M. Shashy, M.D.

PMS/dl



The logo for the University of Alabama at Birmingham (UAB), consisting of the letters "UAB" in a bold, stylized font.

SCHOOL OF MEDICINE
Department of Surgery

UROLOGY INITIAL CLINIC VISIT

ROBERT MCCRAY	MR# 000001921995	08/25/2005
Patient Name	Record No.	Visit Date

Requesting Physician: Winfred Williams, M.D.

Address: State Correctional Facility, P.O. Box 56, Elmore, Alabama 36025

Phone: (334) 567-1528/(334) 567-7167 (fax)

DIAGNOSIS:

Prostate cancer

MEDICATIONS:

Flomax 0.4 daily, Minipress 2mg b.i.d., Aspirin 325, Fiber and Menvacor

ALLERGIES:

Visitcc, Cetapred

CHIEF COMPLAINT:

Prostate cancer

PRESENT ILLNESS:

72-year-old male who is incarcerated at Elmore State Prison with diagnosis of prostate cancer in 2002 by Dr. Bhuta. His outside pathology slides were reviewed at UAB and confirmed diagnosis of prostate cancer with a Gleason pattern of 3+3=6/10 in the left lobe single focus. The patient has a large prostate but we do not have his outside ultrasound measurement. His PSA is 8.4.

REVIEW OF SYSTEMS:

Muscle cramps in his legs. His American Urological Association (AUA) symptoms score is 25 and is quality of life is unhappy.

PAST FAMILY / SOCIAL HISTORY:

Orthopedic knee surgery. He had a bone scan on August 31, 2004 showing increased uptake of the lumbar spine with negative plain films. Family history negative for cancer. Father died at age 93. Mother died at age 86. He denies tobacco. He was a former teacher in Language Arts, Tuskegee Institute, and he grew up in Philadelphia in the German town neighborhood.

PHYSICAL EXAMINATION:

Weight 160 lb; blood pressure 125/82. LUNGS: Clear. HEART: Regular. ABDOMEN: Benign. Normal penis and testicles. Digital rectal exam notes a 5 x 5 60-80 gram prostate, smooth texture. Extremities without edema.

IMPRESSION:

T1CNXMO prostate cancer with a Gleason score of 3+3=6/10. Low-risk disease with a PSA of 8.4 but a very large prostate, severe lower tract obstructive symptoms.

Options reviewed and patient recommended a hormone reduction. If he desires seed implantation he will need consult with Dr. Robert Kim. Consult was done with Dr. Kim and the patient has elected to follow his cancer expectedly and not undergo treatment. He does not want hormone shots or hormone reduction therapy and implantation would be the only acceptable form of therapy for him. He does not want surgery and does not want to have external radiation therapy so we recommended check of PSA every three months and watchful waiting for prostate cancer.

UAB Department of Urology
Initial Clinic Note

MCCRAY, ROBERT	MR# 000001921995	08/25/2005
Patient Name	Record No.	Visit Date

PLAN:

1. Check PSA every three months,
2. We have to make sure that the Prison system gets proper notification for bill.

Donald A. Urban

Donald A Urban, M.D.
Associate Professor ✓

DAU/abs/2437
D: 2005-08-25
T: 8/26/2005 4:49 AM

Electronically Signed by Donald Urban M.D. on 09/09/2005 at 1034 CDT

cc: Winfred Williams, M.D.

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: STATONResident's Name: ROBERT L. McCRAY ID# 16764H E-7-2D.O.B. 3/10/1922I, Robert L. McCray have, this day, knowing that I have a condition
(Name of Inmate)

requiring medical care as indicated below:

- | | |
|---|---|
| <input type="checkbox"/> A. Refused medication. | <input type="checkbox"/> E. Refused X-Ray services. |
| <input type="checkbox"/> B. Refused dental care. | <input type="checkbox"/> F. Refused other diagnostic tests. |
| <input type="checkbox"/> C. Refused an outside medical appointment. | <input type="checkbox"/> G. Refused physical examination. |
| <input type="checkbox"/> D. Refused laboratory services. | <input type="checkbox"/> H. Other (Please specify) |

of medical treatment - radiation/implants for chemo at
staton correctional facility.

Reason For Refusal I being paroled to the VA Hospital
in Tuskegee, Al. to continue to evaluate
and treat his CA of the prostate

Potential Consequences Explained - progression of the tumor if not
treated.

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, statutory authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare.

I have read this form and certify that I understand its contents.

Witness Signature _____

Witness Signature _____

Date November 23, 2005:

Robert L. McCray
 Patient Signature

4:55 PM.
 Time

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

EXHIBIT

B

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

ROBERT L. MCCRAY (AIS# 167644),

*

*

Plaintiff,

*

2:05-CV-887-F

V.

*

PRISION HEALTH SERVICES, INC., ET AL.

*

Defendants.

AFFIDAVIT OF WINFRED D. WILLIAMS, M.D.

STATE OF ALABAMA

COUNTY OF ELMORE

BEFORE ME, _____, a notary public in and for said County and State, personally appeared **WINFRED WILLIAMS, M.D.**, and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of his ability, information, knowledge and belief, as follows:

"My name is Winfred Williams. I am a medical doctor and am over twenty-one years of age. I am personally familiar with all of the facts set forth in this affidavit. I have been licensed as a physician in Alabama since 1999, and have been board certified in family medicine since 1999. From July 2004 through May 2005, I served as the Medical Director for Staton Correctional Facility located in Elmore County, Alabama. I currently serve as the Medical Director for the Tutwiler Correctional Facility located in Wetumpka, Alabama. At all pertinent times, my employment has been with Prison Health Services, Inc. ("PHS"), the company that

currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

It is my understanding that Mr. McCray has made a complaint in this matter that I have failed to afford him appropriate medical treatment for prostate cancer. This allegation is simply untrue, as Mr. McCray has been afforded excellent care for his condition at all times.

I began my employment as Medical Director at Staton Correctional Facility in June of 2004. Prior to treating Mr. McCray, I reviewed his medical history and determined that he had a history that was significant for intermediate prostate adenocarcinoma, prostate cancer. I further noted that Mr. McCray had a well-documented history of noncompliance for treatment of this condition. In November of 2002, subsequent to receiving a prostate biopsy showing the existence of prostate adenocarcinoma, Mr. McCray was referred to Urologist D.P. Bhuta, M.D., F.A.C.S. who offered to remove the prostate gland surgically. Mr. McCray refused Dr. Bhuta's offer, requesting instead to receive treatment via external beam radiation therapy and Lupron injection therapy.¹ Two months later, pursuant to this request, Mr. McCray was transferred to Oncologist Thomas E. Beatrous, M.D. for a cancer treatment consultation for treatment with external beam radiation and Lupron injection therapy. Dr. Beatrous recommended this treatment course for a period of one year. Mr. McCray refused Dr. Beatrous' recommendation stating that he had reconsidered Dr. Bhuta's initial offer for surgical removal of the prostate. Pursuant to Mr. McCray's wishes, he was again sent to Dr. Bhuta for re-evaluation for surgical intervention on February 17, 2003. However, Mr. McCray refused treatment a third time indicating that he had

¹ Lupron is a member of a class of drugs known as luteinizing hormone-releasing hormone agonists, also called LH-RH agonists. Lupron works by lowering the levels of testosterone through a complex series of chemical pathways. This decreases the amount of testosterone in the body, which may result in a reduction of symptoms related to the prostate cancer.

changed his mind again and stated that he would only accept treatment via external radiation treatment with Lupron injection therapy.

On March 4, 2003, Mr. McCray changed his mind a fourth time and signed a release of responsibility form whereby he indicated that he would accept neither surgery nor external radiation therapy, opting instead for brachytherapy (internal radiation seed implant therapy). Pursuant to Mr. McCray's request, he was transferred to UAB's Oncology Department on June 13, 2003 for brachytherapy consultation. John B. Fiveash, M.D. evaluated Mr. McCray and concluded that McCray's prostate was too large for brachytherapy treatment and suggested treatment with Lupron injections, a course of treatment Mr. McCray refused. Dr. Fiveash noted that Mr. McCray was not a likely candidate for brachytherapy.

I arrived at Staton Correctional Facility in July of 2004 and ordered a bone scan on August 31, 2004 to determine the progression of Mr. McCray's cancer. The bone scan showed several areas of abnormal uptake, some of which were suspicious for metastatic process particularly in the right ribs and sternum. Uptake was also noted in the lumbar spine. On November 16, 2004 in response to the bone scan results, Mr. McCray was afforded x-ray evaluation of the lumbar spine and bilateral ribs which showed no definitive evidence of metastatic disease. It was determined that Mr. McCray's prostate cancer had not spread outside of his prostate to other areas of his body.

On December 2, 2004, I referred Mr. McCray to Steven A. White, M.D. of the Montgomery Cancer Center for specialty evaluation. Dr. White agreed that the Plaintiff's prostate cancer had not spread outside the prostate and that his PSA levels were at their historical low. Dr. White noted that Mr. McCray refused surgical removal of the prostate, external radiation treatment and Lupron therapy injections. Dr. White recommended a second bone scan.

Mr. McCray received this scan on January 17, 2005. The scan showed no significant metastatic change since August 31, 2004.

On March 18, 2005, Mr. McCray was referred to Donald A. Urban, M.D. at UAB for a radiation seed implantation consult. Dr. Urban refused to treat Mr. McCray without a current prostate biopsy. On May 17, 2005, Mr. McCray was transferred to Paul M. Shashy, M.D. in order to receive the biopsy, but, Mr. McCray refused to consent to the prostate biopsy as was needed to begin radiation seed implant therapy.

Based on my review of McCray's medical records, and on my personal knowledge of the treatment provided to him, it is my opinion that McCray has been noncompliant with his treatment for prostate cancer. In refusing care, he has obstructed PHS' ability to effectively treat this medical condition. It is clear that Mr. McCray has been evaluated and treated in a timely and appropriate fashion by PHS and its employees at all times. Mr. McCray has been seen and evaluated by the medical or nursing staff, and has been referred to an appropriate care provider and given appropriate care for his prostate cancer at all times. At all times, myself and the other healthcare providers at Staton have exercised the same degree of care, skill, and diligence as other similarly situated health care providers would have exercised under the same or similar circumstances. In other words, it is my opinion that the appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate.

At no time have I or any of the medical or nursing staff at Staton denied McCray any needed medical treatment, nor have we ever acted with deliberate indifference to any serious medical need of McCray. At all times, McCray's conditions have been addressed as promptly as possible under the circumstances."

Further affiant sayith not.

Winfred D. Williams
WINFRED D. WILLIAMS, M.D.
)

STATE OF ALABAMA

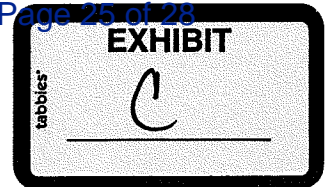
COUNTY OF ELMORE

I, Danna A. Stickland a Notary Public in and for said State and County, hereby certify that WINFRED D. WILLIAMS, M.D. who being known to me and who being duly sworn, and whose name is signed to the foregoing document, acknowledged before me on this date that being first informed of the contents of said document, having read the same, and understanding its purpose and effect, voluntarily executed the same upon the above-stated date.

SWORN TO and SUBSCRIBED BEFORE ME on this the 11th day of April, 2006.

Danna A. Stickland
NOTARY PUBLIC
My Commission Expires: Dec 1, 2007
NOTARY PUBLIC STATE OF ALABAMA
MY COMMISSION EXPIRES: Dec 1, 2007
BONDED THRU NOTARY PUBLIC UNDERWRITERS

(NOTARIAL SEAL)



IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

ROBERT L. MCCRAY (AIS# 167644),

*

*

Plaintiff,

*

2:05-CV-887-F

V.

*

PRISION HEALTH SERVICES, INC., ET AL.

*

Defendants.

AFFIDAVIT OF JOHN M. PEASANT, M.D.

STATE OF ALABAMA

COUNTY OF ELMORE

BEFORE ME, _____, a notary public in and for said County and State, personally appeared **JOHN M. PEASANT, M.D.**, and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of his ability, information, knowledge and belief, as follows:

"My name is John Peasant. I am a medical doctor and am over twenty-one years of age. I am personally familiar with all of the facts set forth in this affidavit. I have been licensed as a physician in Alabama since 1974. I have served as the Medical Director for Staton Correctional Facility in Elmore County, Alabama, since June of 2005. At all pertinent times, my employment at Staton Correctional Facility has been with Prison Health Services, Inc. ("PHS"), the company which currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

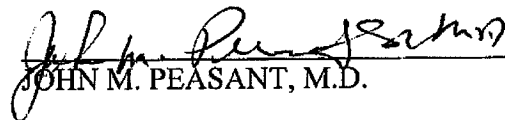
Robert McCray (AIS # 167644) was incarcerated as an inmate at Staton Correctional Facility at all times relevant to his claims in the above matter. I am familiar with Mr. McCray's medical history and conditions, and have seen and evaluated him as a patient on numerous occasions. I have also reviewed Mr. McCray's medical records, (certified copies of which are being produced to the Court along with this Affidavit).

I began my employment as Medical Director for Staton Correctional Facility in June of 2005. On July 28, 2005, I provided Mr. McCray with an initial evaluation and determined that he had a history that was significant for prostate cancer. A review of his medical records indicated that he had recently been transferred to UAB for evaluation by Urologist Donald A. Urban, M.D. who had refused to treat Mr. McCray without first obtaining a repeat prostate biopsy. Mr. McCray was transferred to Paul M. Shashy, M.D. on May 17, 2005 to receive biopsy, but refused the procedure.

Since Mr. McCray refused the necessary biopsy, I contacted Dr. Urban and convinced him to see Mr. McCray again in hopes that Mr. McCray would settle on a course of treatment. Dr. Urban agreed to see Mr. McCray for a follow up appointment. On August 5, 2005, Dr. Urban re-evaluated Mr. McCray and, again, McCray refused treatment. Dr. Urban noted that Mr. McCray elected to follow his cancer expectedly and to forgo treatment. On November 23, 2005, Mr. McCray signed a refusal treatment form indicating that he was refusing all medical treatment for prostate cancer including radiation, radiation seed implants or chemotherapy subsequent to be granted parole on November 23, 2005.

Based on my review of Mr. McCray's medical records, and on my personal knowledge of the treatment provided to him, it is my medical opinion that all of his medical conditions and complaints have been evaluated in a timely fashion at Staton Correctional Facility, and that his diagnosed conditions have been treated in a timely and appropriate fashion. At all times, he has received appropriate medical treatment for his prostate cancer at Staton. At no time has he been denied any needed medical treatment. In other words, it is my opinion that the appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate. At no time have I, or any of the medical or nursing staff at Staton Correctional Facility, denied Mr. McCray any needed medical treatment, nor have we ever acted with deliberate indifference to Mr. McCray's known medical complaints. At all times, Mr. McCray's known medical complaints and conditions have been addressed as promptly as possible under the circumstances."

Further affiant sayith not.


JOHN M. PEASANT, M.D.

STATE OF ALABAMA)

COUNTY OF ELMORE)

I, Annie Latimore, a Notary Public in and for said State and County, hereby certify that JOHN M. PEASANT, M.D. who being known to me and who being duly sworn, and whose name is signed to the foregoing document, acknowledged before me on this date that being first informed of the contents of said document, having read the same, and understanding its purpose and effect, voluntarily executed the same upon the above-stated date.

SWORN TO and SUBSCRIBED BEFORE ME on this the 13 day of Apr. 2006.

Annie Latimore
NOTARY PUBLIC
My Commission Expires: 12/06/2008